Fill	in this information to identify your o	ease:							
De	btor 1 James John	n Farrell							
	btor 2 Kimberly L.	Farrell							
Un	ited States Bankruptcy Court for the	E: DISTRICT OF NEW	JERSEY						
	se number 21-12301		_			Check if this is	:		
(If ki	nown)					An amende		l wing postpetition	chapter
_	6							ne following date:	
	fficial Form 106I					MM / DD/ Y	YYYY		
S	chedule I: Your Inc	ome							12/1
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment Fill in your employment	r spouse is not filing w	ith you, do not inclu	ude info	rmat	ion about your spe d case number (if	ouse. If known	f more space is	needed,
	information.		■ Employed			■ Empl		n-ining spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □ Not employed			□ Not e		d	
	Include part-time, seasonal, or self-employed work.	Occupation Employer's name	NJ Transit			Amazo	n		
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed to	here?						
Par	Give Details About Mor	thly Income							
	mate monthly income as of the da se unless you are separated.	ate you file this form. If y	you have nothing to r	eport for	any	line, write \$0 in the	space.	Include your nor	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all	empl	oyers for that perso	n on th	e lines below. If y	ou need
						For Debtor 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, salar deductions). If not paid monthly, or			2.	\$	8,400.00	\$	1,665.00	
3.	Estimate and list monthly overti	me pay.		3.	+\$	0.00	+\$ _	0.00	
4.	Calculate gross Income. Add lin	e 2 + line 3.		4.	\$	8,400.00	\$_	1,665.00	

	btor 1 btor 2	James John Farrell Kimberly L. Farrell	_		Case r	number (if	known)	21-12	2301			
	Сор	oy line 4 here	4	4.	For	Debtor 1 8,40	0.00	non	-filing	or 2 or spous 1,665.(
5.	Liet					-						
5.		all payroll deductions:			•			•		22.1		
	5a. 5b.	Tax, Medicare, and Social Security deductions		āa.	\$		1.48			88.0		
	5c.	Mandatory contributions for retirement plans		b.	\$ 		7.00	_		0.0		
	5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans		ōc. ōd.	\$ 		5.00	- 200		0.0	20.0000	
	5e.	Insurance		ie.	\$ 		0.00			0.0		
	5f.	Domestic support obligations		oe. of.	\$		0.00			0.0		
	5g.	Union dues		ig.	\$ 		0.00	- \$		0.0		
	5h.	Other deductions. Specify:		,y. 5h.+			7.00	· T—		0.0		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6		\$		0.00			0.0		
							0.48	. \$		88.0		
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7		\$	89	9.52	\$,577.0	0	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8	a.	\$	ï	0.00	\$		0.0	0	
	8b.	Interest and dividends	8	b.	\$		0.00	\$		0.0		
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		C.	\$		0.00	\$		0.0		
	8d.	Unemployment compensation	8	d.	\$		0.00	\$		0.0		
	8e.	Social Security	8	e.	\$		0.00	\$		0.0	0	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	81		\$		0.00	\$		0.0		
	8g.	Pension or retirement income	89	-	\$		0.00	\$	1	,576.0		
	8h.	Other monthly income. Specify:	81	h.+	\$	(0.00	+ \$		0.0	0_	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	(0.00	\$		1,576.0	00	
10	Calci	ulate monthly income. Add line 7 + line 9.	10.	4		900 E2		2 4 5	2 00	= \$	4.0	E0 E0
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ-		899.52	Ψ-	3,13	3.00		4,0	52.52
11.	State Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not	r dep		0.00					e J. +\$		0.00
12.	Add to Write applie	the amount in the last column of line 10 to the amount in line 11. The retained that amount on the Summary of Schedules and Statistical Summary of Certaines	sult is in Lia	the	combi	ned mon d Related	thly ir I <i>Data</i>	ncome. , if it	12.	\$	4,0	52.52
13.	Do yo	ou expect an increase or decrease within the year after you file this form	17							Combi month		ome
		No.									66	
		Yes. Explain:										

Fill in this info	ormation to identify	vour case.		10 10 10 A A A A A A A A A A A A A A A A			
Debtor 1						N	
Debior	James John	n Farrell				heck if this is: An amended filin	a
Debtor 2	Kimberly L.	Farrell					e owing postpetition chapter
(Spouse, if filing		1 arren	388 988 353				of the following date:
United States E	Bankruptcy Court for th	e: DISTR	ICT OF NEW JERSEY			MM / DD / YYYY	
Case number	21-12301						
(If known)							
Official	Form 106J						
Schedu	le J: Your	Expe	nses				12 <i>l</i> -
Be as complinformation.	ete and accurate a	s possible	. If two married people a ach another sheet to this	re filing together, bo form. On the top of	th are e	qually responsible litional pages, write	for supplying correct
	escribe Your House	ehold					
	joint case?						
	so to line 2.						
	Does Debtor 2 live	in a separ	ate household?				
	No						
	Yes. Debtor 2 mu	st file Offic	ial Form 106J-2, Expenses	for Separate Househ	old of D	ebtor 2.	
2. Do you i	nave dependents?	■ No					
Do not lis Debtor 2	st Debtor 1 and	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?		
Do not st							□ No
depende	nts names.			·			☐ Yes
							□ No
							☐ Yes
							□ No
							Yes
							□ No
2 D		_					☐ Yes
expense	expenses include s of people other the and your depende	han 🗖	No Yes				
Part 2: Est	timate Your Ongoin	ng Monthl	y Expenses				
expenses as	rexpenses as of your of a date after the b	our bankru oankrupte	iptcy filing date unless you	ou are using this for Iemental <i>Schedule J</i>	m as a s	supplement in a Cha	apter 13 case to report
applicable da	te.	•				box at the top o	and the term and the first the
Include expen	ses paid for with r	ion-cash (government assistance if	vou know	800		
			luded it on Schedule I: Y				
(Official Form	1061.)					Your exp	enses
	or home owners! and any rent for the		ses for your residence. In	clude first mortgage	4.	\$	1,592.00
If not incl	uded in line 4:						
4a. Rea	al estate taxes				4a.	\$	0.00
	perty, homeowner's	, or renter's	s insurance		4b.		13.33
	ne maintenance, rej					\$	0.00
	neowner's associati				4d.		0.00
5. Additiona	l mortgage payme	nts for vo	ur residence, such as hom	ne equity loans	5	\$	0.00

Debtor 2	Kimberly L. Farrell	Case nur	mber (if known)	21-12301
6. Utilities	s:			
6a. E	Electricity, heat, natural gas	6a	. \$	200.0
	Vater, sewer, garbage collection	6b	. \$	60.6
	Telephone, cell phone, Internet, satellite, and cable services	6c	. \$	200.0
6d. C	Other. Specify: Cable/Internet	6d	. \$	156.0
	nd housekeeping supplies	7.	. \$	500.0
	are and children's education costs	8.	\$	75.00
	ng, laundry, and dry cleaning	9.	\$	25.00
	al care products and services	10.	\$	200.00
	I and dental expenses	11.	\$	537.50
	ortation. Include gas, maintenance, bus or train fare.	12.	•	0.00
	include car payments. inment, clubs, recreation, newspapers, magazines, and books			0.00
	ble contributions and religious donations	13.		0.00
5. Insuran		14.	D	0.00
	nclude insurance deducted from your pay or included in lines 4 or 20.			
	ife insurance	15a.	\$	0.00
15b. H	lealth insurance	15b.		0.00
15c. V	ehicle insurance	15c.	\$	417.00
15d. O	other insurance. Specify:	15d.	\$	0.00
6. Taxes.	Do not include taxes deducted from your pay or included in lines 4 or 20.			0.00
Specify:		16.	\$	0.00
	nent or lease payments:		8	
	ar payments for Vehicle 1	17a.		488.00
	ar payments for Vehicle 2	17b.	·	221.00
	ther. Specify:	17c.		0.00
	ther. Specify:	17d.	\$	0.00
doducto	yments of alimony, maintenance, and support that you did not report as ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	1,397.50
Other na	ayments you make to support others who do not live with you.	10.	\$	
Specify:		19.	Ψ	0.00
	eal property expenses not included in lines 4 or 5 of this form or on Schee		ur Income	
20a. Mo	ortgages on other property	20a.		0.00
20b. R€	eal estate taxes	20b.	\$	0.00
	operty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Ma	aintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Ho	omeowner's association or condominium dues	20e.	\$	0.00
 Other: S 	Specify:	21.	+\$	0.00
Calculate	e your monthly expenses			
	I lines 4 through 21.		\$	0.000.00
	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	6,083.00
	line 22a and 22b. The result is your monthly expenses.			
220. Add	Time 22a and 22b. The result is your monthly expenses.		\$	6,083.00
	e your monthly net income.			
	ppy line 12 (your combined monthly income) from Schedule I.	23a.	· ·	4,052.52
23b. Co	ppy your monthly expenses from line 22c above.	23b.	-\$	6,083.00
00 - 5		Г	177	
23c. Su	btract your monthly expenses from your monthly income. e result is your monthly net income.	23c.	\$	-2,030.48
ine	e result is your <i>monthly net income</i> .	230.	<u>Y</u>	-2,030.40
. Do you e	expect an increase or decrease in your expenses within the year after you	file this	form?	
For examp	ole, do you expect to finish paying for your car loan within the year or do you expect your n	nortgage p	ayment to increas	e or decrease because of
modificatio	on to the terms of your mortgage?			
No.				
Yes.	Explain here:			